

Case Number:	CM13-0042629		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2004
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 62 year old male with a date of injury of 06/03/2004. The listed diagnoses per [REDACTED] are Degenerative disc disease; Sclerosis; and bilateral plantar fasciitis. According to report dated 09/26/2013 by [REDACTED], the patient presents with low back pain that he describes as a "pulling sensation." The patient complains the pain feels worse and rates the pain as 7/10. Examination shows decreased range of motion. There are no other examination findings. The patient is prescribed a topical cream, Naproxen 550mg, Tramadol and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 PRESCRIPTION OF TOPICAL CREAM GABA/KETO/TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics. Page(s): 111.

Decision rationale: The MTUS Guidelines has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least 1 drug or drug class that is no recommended is not recommended." The MTUS Guidelines supports the use of topical NSAIDs for peripheral joint arthritis or tendonitis; however, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS further states this agent is not currently FDA approved for a topical application. "It has an extremely high incidence of photo contact dermatitis." Furthermore, Tramadol is not tested for transdermal use with any efficacy. The request for prescription of topical cream Gaba/Keto/Tramadol is not medically necessary and appropriate.

1 PRESCRIPTION OF PRILOSEC 20MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records show this patient has been on Naproxen and Prilosec since 03/01/2012. As documented in report dated 04/25/2013, the treater is prescribing this medication "to protect the stomach." MTUS states, "treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." This medication is not indicated solely to protect the stomach when NSAIDs are used. GI risk assessments should be made. The request for Prilosec 20 mg # 90 is not medically necessary and appropriate.